



## Complete Summary

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### TITLE

Cervical cancer: percent of patients screened every 3 years for cervical cancer.

### SOURCE(S)

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

## Brief Abstract

### DESCRIPTION

This measure assesses the percent of eligible patients screened every 3 years for cervical cancer in primary care settings.

This measure is a component of a composite measure; it can also be used on its own.

### RATIONALE

Approximately 16,000 new cases of cervical cancer are diagnosed each year, with about 4,800 deaths annually. The lifetime risk of death from cervical cancer in the United States is 0.3%. Although the 5-year survival rate is about 90% for persons with localized cervical cancer, it is considerably lower (about 14%) for persons with advanced (Stage IV) disease. The incidence of invasive cervical cancer has decreased significantly over the last 40 years, due in large part to early detection programs. Although all sexually active women are at risk for cervical cancer, the disease is more common among women of low socioeconomic status, those with a history of multiple sex partners or early onset of sexual intercourse, and smokers. The incidence of invasive cervical cancer among young white women has increased recently in the United States. Infection with human immunodeficiency virus (HIV) and certain types of human papilloma virus (HPV) also increases the risk of cervical cancer.

Pap test screening is recommended at least every 3 years until age 65 years. Declines in cervical cancer incidence and mortality reported in the United States since the 1950s have been attributed to early detection and treatment of precancerous and cancerous lesions through the use of the Papanicolaou (Pap) test. All women who are or have been sexually active should have regular Pap tests. Testing should begin at the age when the woman first engages in sexual intercourse. Adolescents whose sexual history is thought to be unreliable should be presumed to be sexually active at age 18. There is little evidence that annual

screening achieves better outcomes than screening every 3 years. Pap tests should be performed at least every 3 years. The interval for each patient should be recommended by the physician based on risk factors (e.g. early onset of sexual intercourse, history of multiple sexual partners, low socioeconomic status). Women infected with human immunodeficiency virus require more frequent screening according to established guidelines. There is insufficient evidence to recommend for or against an upper age limit for Pap testing, but recommendations can be made on other grounds to discontinue regular testing after 65 years of age in women who have had regular previous screening with consistently normal results. Women who have undergone a hysterectomy in which the cervix was removed do not require Pap testing, unless the hysterectomy was performed because of cervical cancer or its precursors.

#### PRIMARY CLINICAL COMPONENT

Cervical cancer; screening

#### DENOMINATOR DESCRIPTION

The number of female patients with a cervix age less than 65 years seen at least once by a physician (MD or DO), physician assistant (PA), or nurse practitioner (NP) at a specified clinic. Patients who have had a hysterectomy and patients who have a life expectancy that does not lend itself to prevention screening are excluded.

#### NUMERATOR DESCRIPTION

The number of patients from the denominator screened every 3 years for cervical cancer.

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Process

#### SECONDARY MEASURE DOMAIN

Not applicable

#### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Use of this measure to improve performance

## EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

External oversight/Veterans Health Administration  
Internal quality improvement

### Application of Measure in its Current Use

#### CARE SETTING

Ambulatory Care

#### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

#### TARGET POPULATION AGE

Age less than 65 years

#### TARGET POPULATION GENDER

Female (only)

#### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Approximately 16,000 new cases of cervical cancer are diagnosed each year.

The incidence of invasive cervical cancer has decreased significantly over the last 40 years, due in large part to organized early detection programs.

The incidence of invasive cervical cancer among young white women has increased recently in the United States.

#### EVIDENCE FOR INCIDENCE/PREVALENCE

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Screening for cervical cancer. p. 105-117. [113 references]

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Although all sexually active women are at risk for cervical cancer, the disease is more common among women of low socioeconomic status, those with a history of multiple sex partners or early onset of sexual intercourse, and smokers.

#### EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Screening for cervical cancer. p. 105-117. [113 references]

#### BURDEN OF ILLNESS

There are about 4,800 deaths from cervical cancer annually. The lifetime risk of dying from cervical cancer in the United States (U.S.) is 0.3%. Although the 5-year survival rate is about 90% for persons with localized cervical cancer, it is considerably lower (about 14%) for persons with advanced (Stage IV) disease.

#### EVIDENCE FOR BURDEN OF ILLNESS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Screening for cervical cancer. p. 105-117. [113 references]

#### UTILIZATION

Unspecified

#### COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

#### IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

#### Data Collection for the Measure

#### CASE FINDING

Users of care only

#### DESCRIPTION OF CASE FINDING

All female patients, age less than 65 years, not already reviewed during the current Fiscal Year with a qualifying visit at one of a specified list of outpatient clinics.

#### DENOMINATOR (INDEX) EVENT

Encounter

#### DENOMINATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

All female patients, age less than 65 years, not already reviewed during the current Fiscal Year with a qualifying visit (refer to the original measure documentation for details) at one of the following 8 outpatient clinics:

- Primary Care
- General Medicine
- Cardiology
- Endocrinology/Metabolism
- Diabetes
- Hypertension
- Pulmonary/Chest
- Women's Clinic

All female patients seen in one of the above clinics and seen by a:

- Physician (MD or DO),
- Physician Assistant (PA), or
- Nurse Practitioner (NP)

All female patients having a life expectancy that lends itself to prevention screening

##### Exclusions

Prior hysterectomy

Visits at a tertiary facility for a specialty consult only (no other previous primary care or general medicine visit at the tertiary center)

Preventive care screening questions are not applied to certain designated groups of patients included in other samples (see original measure documentation for details).

Any of the following exclude the patient from screening for this prevention measure:

- Documented diagnosis of cancer of the esophagus, liver, or pancreas
- Enrolled in a Veterans Health Administration (VHA) or community-based Hospice program
- Documented in the Medical Record a life expectancy less than 6 months

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

The number of patients from the denominator screened (i.e., evidence of Pap smear performed with interpretation) every 3 years for cervical cancer

##### Exclusions

Unspecified

#### DENOMINATOR TIME WINDOW

Time window precedes index event

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative and medical records data

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

## INTERPRETATION OF SCORE

Better quality is associated with a higher score

## ALLOWANCE FOR PATIENT FACTORS

Unspecified

## STANDARD OF COMPARISON

Internal time comparison  
Prescriptive standard

## PRESCRIPTIVE STANDARD

Fiscal Year (FY) 2001 target for cervical cancer screening component: 90%

## EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

## Evaluation of Measure Properties

## EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

## ORIGINAL TITLE

PI - Cervical Cancer Screening.

## MEASURE COLLECTION

[Fiscal Year \(FY\) 2001: Veterans Health Administration \(VHA\) Performance Measurement System](#)

## COMPOSITE MEASURE NAME

[Prevention Care Index](#)

## DEVELOPER

Veterans Health Administration

## ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

2001 Dec

#### REVISION DATE

2001 Apr

#### MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

#### SOURCE(S)

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

#### MEASURE AVAILABILITY

The individual measure, "PI - Cervical Cancer Screening," is published in "FY 2001 VHA Performance Measurement System: Technical Manual."

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#### NQMC STATUS

This NQMC summary was completed by ECRI on April 18, 2003. The information was verified by the Veterans Health Administration on May 20, 2003.

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